PAGE 1 / 12 · STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) REPUBLICAN PARTY OF ARIZONA, LLC 17767 N. PERIMETER DRIVE ADDRESS (number and street) SUITE B101 (Check if address is changed) **SCOTTSDALE** 85255 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS sheila@sheilamuehling.com (Check if address is changed) Optional Second E-Mail Address AZGOP@redcurve.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 10 2022 C00008227 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. MUEHLING, SHEILA, , , Type or Print Name of Treasurer MUEHLING, SHEILA, , , [Electronically Filed] 10 25 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530
•,			Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the ca	andidate information below.)
(b) This committee is an authorized committee, and is NOT a principal of information below.)	campaign committee. (Complete the candidate
Name of Candidate	
Candidate Office Sought: House	Senate President District
(c) This committee supports/opposes only one candidate, and is NOT a	
Name of Candidate	
Party Committee:	
(d) This committee is a STA (National, State or subordinate) committee of the	(Democratic, ne REP Republican, etc.) Party
Gr Substantate) Seriminates et al	Topublican, cic.) Farty
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected or	rganization on line 6.) Its connected organization is a:
Corporation Corporation w/o Cap	ital Stock Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, committee. (i.e., nonconnected committee)	and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify s	enonsor on line 6)
_	
(g) This committee is an independent expenditure-only political committee	e (Super PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and no	on-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	d disk
(i) This committee collects contributions, pays fundraising expenses and committees/organizations, at least one of which is an authorized con	·
(j) This committee collects contributions, pays fundraising expenses and committees/organizations, none of which is an authorized committee	·
Committees Participating in Joint Fundraiser	
1.	C

	FEC Form 1 (Re		Page <b>3</b>
V	Write or Type Committee		
		CAN PARTY OF ARIZONA, LLC	
6.	Name of Any Conne PROTECT THE	ected Organization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor
	PROTECT THE		
		<sub> </sub> PO BOX 30844	
	Mailing Address		
		BETHESDA MD	20824
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Cor	nnected Organization Affiliated Organization X Joint Fundraising Representative	ve Leadership PAC Sponso
			_
_	0		
7.	books and records.	s: Identify by name, address (phone number optional) and position of the person in	n possession of committee
	MU	JEHLING, SHEILA, , ,	
	Full Name		
	Mailing Address	17767 N. PERIMETER DRIVE	
	<b>9</b>	SUITE B101	
		SCOTTSDALE   AZ	185255
		155.155.162   ME	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	TREASURER	Telephone number	0 - 239 - 0063
_			
8.		ame and address (phone number optional) of the treasurer of the committee; at (e.g., assistant treasurer).	and the name and address of
	1	JEHLING, SHEILA, , ,	
	of Treasurer	ATTOTAL DEPUMETED DON'T	
	Mailing Address	17767 N. PERIMETER DRIVE	
		SUITE B101	
		SCOTTSDALE	85255
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	TREASURER		0 - 239 - 0063

FEC Form	1 (Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent	MUEHLING, SHEILA, , ,		
Mailing Address	17767 N. PERIMETER DRIVE		
	SUITE B101		
	SCOTTSDALE	AZ8	35255 
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
TREASURER	Telephon	e number 480	
	r Depositories: List all banks or other depositories in which the coroxes or maintains funds.	nmittee deposits funds	, holds accounts, rents
Name of Bank,	Depository, etc.		
	WELLS FARGO		
Mailing Address	2626 S 83RD AVE		
	PHOENIX	AZ 8	5043
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank,	Depository, etc.		
	CHAIN BRIDGE BANK		
Mailing Address	1445A LAUGHLIN AVE		
	MCLEAN	VA 22	2101
	CITY ▲	STATE ▲	ZIP CODE ▲

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraisi</b>	ng Participant:	FEO ID .	C
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spor
NRSC TARGETE	D STATE VICTORY FUND		
Mailing Address	PO BOX 9891		
	ARLINGTON	, ,   VA	22219
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ad Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
			Location p 1710 o
	fy by name, address (phone number – optional)		
esignated Agent: Identif			
esignated Agent: Identif			
esignated Agent: Identif			
esignated Agent: Identif	fy by name, address (phone number – optional)		
esignated Agent: Identif	fy by name, address (phone number – optional)  CITY		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or m	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which a aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank, Cader	fy by name, address (phone number – optional)  CITY   Te  Dries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite aftety deposit boxes or mame of Bank, Cader	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which a aintains funds.	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank, Cader epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which a aintains funds.  CEBank	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which a aintains funds.  CEBank	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b> i	ig rantopant.	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
NRSC TARGETE	ED STATE VICTORY		
Mailing Address	PO BOX 60148		
ŭ			
	WASHINGTON	DC	20039
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee Joint  by by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
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esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif	by by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, Wells	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, Wells	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.  Fargo Bank	STATE A	ZIP CODE A
esignated Agent: Identification of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.  Fargo Bank	STATE A	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

or(h). Joint Fundraising	Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected (	Organization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
Lilia			
Mailing Address	PO BOX 365		
	MCLEAN	, , VA	22101
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connected	Organization Affiliated Committee	undraising Representa	ative Leadership PAC Sponso
Designated Agent: Identify	by name, address (phone number - optional)		
Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY   CITY   Telepites: List all banks or other depositories in which the intains funds.	STATE ▲ phone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY   CITY   Telepites: List all banks or other depositories in which the intains funds.	STATE ▲ phone Number	
Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail	CITY   CITY   Telepites: List all banks or other depositories in which the intains funds.	STATE ▲ phone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY   CITY   Telepites: List all banks or other depositories in which the intains funds.	STATE ▲ phone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
THE MCSALLY	ARIZONA VICTORY FUND		
Mailing Address	824 S MILLEDGE AVE, STE 101		
	ATHENS	GA	30605
Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	ed Organization Affiliated Committee Join  fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identi	fy by name, address (phone number – optional)		
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esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b>	ing raiticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spon
Take Back the Ho	ouse 2022 		
	<sub>1</sub> PO Box 30844		
Mailing Address			
	Bethesda	MD MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC S
	Affiliated Committee Joint Joi	int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC S
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esignated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identing Full Name	fy by name, address (phone number – optional)	int Fundraising Represent	
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc.  Mailing Address	▼ ries: List all banks of		STATE A Telephone Number	ZIP CODE   ZIP CODE   ts funds, holds accounts, rent
anks or Other Deposito afety deposit boxes or material ame of Bank, epository, etc.	▼ ries: List all banks of	CITY A	STATE A Telephone Number	ZIP CODE A
TITLE OR POSITION  anks or Other Deposito afety deposit boxes or material arms of Bank,	▼ ries: List all banks of	CITY A	STATE A Telephone Number	ZIP CODE A
TITLE OR POSITION	▼ ries: List all banks of	CITY A	STATE A Telephone Number	ZIP CODE A
		CITY 🛦	STATE ▲	
		CITY A	STATE ▲	
Mailing Address				1 1 1
Mailing Address	1			
Mailing Address				
esignated Agent: Identify	y by name, address	(phone number – optional)		
Connected	d Organization	Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Sp
Relationship:		CITY A	STATE ▲	ZIP CODE ▲
	ALEXANDRIA	<u>                                     </u>	VA VA	22314
	SUITE 115			
Mailing Address	228 S. WASHING	TON STREET		
NRCC ARIZONA	VICTORY			
ame of Any Connected	Organization, Affilia	ated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spons
4.			FEC ID number	C
			FEC ID number	C
3			FEC ID number	C
2			FEC ID number	C

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b> r			FEC	ID number	C
2.			FEC	ID number	С
3.			     FEC	ID number	С
4.			FEC	ID number	C
	_		int Fundraising I	Representativ	e, or Leadership PAC Spon
TARGETED STA	TE VICTORY	<b>/</b> 			
Mailing Address	310 1ST ST SI	E 			
	WASHINGTON	N 		DC	20003
Relationship:		CITY 🛦		STATE A	ZIP CODE ▲
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Connecte	d Organization	Affiliated Committee	X Joint Fundrais	sing Represent	tative Leadership PAC S
esignated Agent: Identif				sing Represent	tative Leadership PAC S
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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b>	ng Farticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spon
CISCOMANI VIC	TORY FUND		
I			
Mailing Address	P.O. BOX 35103		
	TUCSON	AZ	85740
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
· ·			
	ed Organization Affiliated Committee Join fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   To	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or markets.	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A	ZIP CODE A
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